Name in Full Maria J. Boadley

Certificate of Death

Died at Town Ivory County Howard MARYLAND

Date 1899 Month 10 Day 4 Age Y. 27 M. 7 D. 23 ~~Native~~ of Md Occupation nurse

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

~~Husband~~

~~Wife~~

Father's Name Aron Boadly Mother's Name Sarah Kelly

Cause of Death Primary Mitral Stenosis 57 How long sick 2 yrs

Immediate Pulmonary congestion + oedema ~~Accident, Suicide, Homicide~~

Reported by Benj. F. Shipley M.D.

Address Alpha Howard Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Edward E. Carroll

Certificate of Death

Died at Town Mayfield County Howard MARYLAND

Date 189 8 Month Cor. Day 16 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name 74

Cause of Death { Primary Connected [illegible] complicated with heart trouble | How long sick

Immediate | Accident, Suicide, Homicide

Reported by J. H. [illegible] M.D.

Address Mayfield Md

Must be signed by physician, if any in attendance, otherwis[illegible]ner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full Miss Ellen Comey

Certificate of Death

Died at Town Ellicott City County Howard MARYLAND

Date 189 9 Month 10 Day 14 | Age Y. 60 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

25 C

Cause of Death: Primary Cancer of bowel

Immediate

How long sick

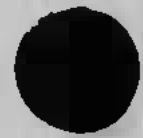
Accident, Suicide, Homicide

Reported by Dr. Thos. B. Orrings M.D.

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Henry Cooper

Died at Town: Savage County: Howard MARYLAND

Date 189 9 Month: 10 Day: 17 | Age Y. 38 M. - D. | Native of Md | Occupation Laborer

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living one

Husband / Wife of Mary Cooper

Father's Name Saml. Cooper Mother's Name Polly Cooper

Cause of Death — Primary: Typhoid Fever — How long sick: 16 days

Immediate: exhaustion — ~~Accident, Suicide, Homicide~~

Reported by T. W. Linthicum M.D.

Address Savage Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7M'98

Name in Full

Elizabeth Ann Crapster

Certificate of Death

Died at Town: Lisbon County: Howard MARYLAND

Date 1899 Month: 10 Dey: 1 | Age Y. 75 M. D. | Native of: Md | Occupation:

~~Male~~ / Femele | White / ~~Colored~~ | Married / Single | Widow / ~~Widower~~ | ~~Divorced~~ | Number of children living

~~Husband~~ / Wife of John Crapster

Fether's Name | Mother's Name 44

Cause of Death: Primary: Paralysis | How long sick

Immediate | Accident, Suicide, Homicide

Reported by B.W. Bowman Undertaker

Address Pfikar Sykesville Md

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79995

Attended by Dr. M. W. Warfield

of Lisbon

Seen by Coroner

of

Information contained in this certificate r

ceived from

of

Name in Full

Certificate of Death

Charles Mowsey Dorsey

Died at Town: Cooksville County: Howard Co / MARYLAND

Date 1899 Month: Oct Day: 14 | Age Y. 66 M. – D. | Native of U S | Occupation Farms Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 6

Husband of ~~Wife~~

Father's Name

Mother's Name 5-2

Cause of Death: Primary — Brain Trouble — Immediate ———— | How long sick 4 days

Accident, Suicide, Homicide

Reported by Jas R Weer

Address undertaker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Lorenzo Warfield

of Lisbon Neck

Seen by Coroner .....

of .....

Information contained in this certificate received

from This man kicked by a horse

1 year ago & since that time has

been somewhat affected with insanity

Name in Full | Certificate of Death

Elizebuth Isaac

Died at Town: Clarksville County: Howard MARYLAND

Date 1899 Month: Oct Day: 6 | Age Y. M. D.: 81 yrs | Native of: Howard Co | Occupation

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife: Richard Isaac

Father's Name: Mos Corr

Mother's Name: Margaret Ann Corr

Cause of Death: Primary

Immediate: Old Age

141

How long sick

Accident, Suicide, Homicide

Reported by: J M Webb

Address: West Friendship Howard Co Ma

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Charlotte Marriott

Certificate of Death

Died at Town Ellicott City County Howard MARYLAND

Date 189 9 Month Oct Day 31 | Age Y. 80 M. D. | Native of Ireland | Occupation house duties

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

Husband of Wife Joshua Marriott deceased

Father's Name dont know

Mother's Name dont know

Cause of Death: Primary Old & General 141.0 | How long sick 4 weeks

Immediate Debility 0 | Accident, Suicide, Homicide

Reported by Stephen Hellsinger

Address Undertaker Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. —

of —

Seen by Coroner —

of —

Information contained in this certificate received from A. A. Jones

of Allston

Name in Full | Certificate of Death

Earl Worthington Ridgly

Died at Town: West Friendship County: Howard MARYLAND

Date 1899 Month: Oct. Day: 22 | Age Y.: 3 M.: 1 D.: | Native of: Howard | Occupation:

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband / Wife of: Son of Alice Ridgly

Father's Name: Son of Bruce Ridgly | Mother's Name:

Cause of Death: Primary: Diphtheria Ga | How long sick: short

Immediate: " | ~~Accident, Suicide, Homicide~~

Reported by: Dr J Hebb

Address: West Friendship, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Campsey Madora Snell

Died at Town: Ilchester County: Howard MARYLAND

Date 1899 Month: Oct Day: 31 Age Y. 18 M. 6 D. x Native of: Maryland Occupation: House girl

~~Male~~ ~~White~~ Married ~~Widow~~ Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of Benjamin Snell

Father's Name Charles Wilson Mother's Name Fannie Wilson

Cause of Death

Primary: Probably appendicitis - Did not see her until peritonitis was far advanced & too late to have patient moved.

Immediate: Peritonitis, Exhaustion

How long sick probably 6 weeks -

~~Accident, Suicide, Homicide~~

Reported by M. R. Eareckson 95

Address Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full

Certificate of Death

Mary Jane Snyder

Died at Town: Jonestown County: Howard MARYLAND

Date 1899 Month: Oct Day: 2 | Age Y. 64 M. — D. 23 | Native of Balt: Co. Granite Md Occupation Housewife

~~Male~~ Femsle | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 1

~~Husband~~ Wife of Robert Thomas Baker 97

Father's Name William Snyder Mother's Name Maria Ann Dorsey

Cause of Death: Primary Chronic Interstitial Nefritis How long sick 3 days

Immediate Uremic Coma ~~Accident, Suicide, Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55988

Name in Full | Certificate of Death

Norwood Thomas

Died at Town: Daisy County: Howard MARYLAND

Date 1899 Month: Oct. Day: 6 Age Y. M. D.: " " 13 Native of: Daisy Occupation: — —

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband of Wife~~

1 61

Father's Name: William Thomas Mother's Name: Margaret Thomas

Cause of Death: Primary Unknown. (No physician was in attendance) Immediate

How long sick: About 12 hours.

~~Accident, Suicide, Homicide~~

Reported by: J. W. Lacy, M. D.

Address: Lisbon Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 65060

Name In Full | Certificate of Death

Greenie Margaret Wilson

Died at Town: Ilchester County: Howard MARYLAND

Date 1899 Month: Oct. Day: 31 | Age Y. 6 M. 5 D. x | Native of: Maryland | Occupation: —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife: x

Father's Name: Charles Wilson | Mother's Name: Fannie Wilson

Cause of Death: Primary: Intussusception 86 | How long sick: 36 hours

Immediate: Exhaustion - Shock | ~~Accident, Suicide, Homicide~~

Reported by: M. R. Eareckson

Address: Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full

George Zellman

Certificate of Death

Died at Town: Ellicott City - County: Howard MARYLAND

Date 1899 Month: Oct Day: 19 | Age Y. 14 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: Jacob Zellman | Mother's Name: Linda Miller

Cause of Death: Primary: Typhoid fever | How long sick: 3 weeks

Immediate: Brain trouble | ~~Accident, Suicide, Homicide~~

Reported by: Thos. B. Mines M.D.

Address: Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898